

UNITED HEALTHCARE INSURANCE COMPANY
P O BOX 740800
ATLANTA, GA 30374-0800

PAYER CONTACT: GREENSBORO SERVICE CENTER
PHONE: (877)842-3210

REDOAK HOSPITAL
17400 RED OAK DR
HOUSTON, TX 77090-0000

NPI: [REDACTED]
NON-PAYMENT: QK92682221
CHECK DATE: 05/08/2014
PRODUCTION DATE: 05/08/2014

PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
						ACT:299506B		ICN:4527034565 0010852561			
GRP/POL NUM: 700660											
	1220	122013	131	1	0500	660.70	660.70	0.00	0.00	PI-45 3480.18	0.00
										PI-94 -2819.48	
	1220	122013	131	0	0500	512.48	512.48	0.00	0.00	PI-97 512.48	0.00
	1220	122013	131	0	0500	1782.00	1782.00	0.00	0.00	PI-97 1782.00	0.00
	1220	122013	131	0	0500	525.00	525.00	0.00	0.00	PI-97 525.00	0.00
	1220	122013	131	1	0489	9908.92	4532.11	0.00	1812.84	PI-45 5376.81	2719.27
	1220	122013	131	1	0489	3598.47	3598.47	0.00	1439.39		2159.08
PT RESP	3252.23				CLAIM TOTALS	16987.57	11610.76	0.00	3252.23	8856.99	4878.35
ADJ TO TOTALS:			PREV PD	0.00		INTEREST 0.00		LATE FILING CHARGE	0.00	NET	4878.35
						ACT:288606B		ICN:4527034548 0129746404			
GRP/POL NUM: 722266											
	0110	011014	131	1	96374	660.70	660.70	0.00	0.00	PI-45 3480.18	0.00
										PI-94 -2819.48	
	0110	011014	131	0	78808	512.48	512.48	0.00	0.00	PI-97 512.48	0.00
	0110	011014	131	0	A9502	1782.00	1782.00	0.00	0.00	PI-97 1782.00	0.00
	0110	011014	131	0	J7050	525.00	525.00	0.00	0.00	PI-97 525.00	0.00
	0110	011014	131	1	78452	9908.92	456.23	456.23	0.00	PI-45 9452.69	0.00
	0110	011014	131	1	93015	3598.47	3598.47	108.77	697.94		2791.76
	0110	011014	131	1	93922	4667.00	4667.00	0.00	933.40		3733.60
PT RESP	2196.34				CLAIM TOTALS	21654.57	12201.88	565.00	1631.34	12932.87	6525.36
ADJ TO TOTALS:			PREV PD	0.00		INTEREST 0.00		LATE FILING CHARGE	0.00	NET	6525.36
						ACNT:2441.001		ICN:4526763380 0044817346			
GRP/POL NUM: 751924											
	0312	031214	131	3	27096 LT	14872.48	7486.63	1683.76	870.43	PI-45 33448.33	4932.44
										PI-94 -26062.48	
	0312	031214	131	0	27096 LT	14872.48	14872.48	0.00	0.00	PI-97 14872.48	0.00
	0312	031214	131	0	27096 LT	11190.00	11190.00	0.00	0.00	PI-97 11190.00	0.00
	0312	031214	131	1	36000	402.00	680.41	0.00	102.06	PI-94 -278.41	578.35
	0312	031214	131	0	36000	278.41	278.41	0.00	0.00	PI-97 278.41	0.00
PT RESP	2656.25				CLAIM TOTALS	41615.37	34507.93	1683.76	972.49	33448.33	5510.79
ADJ TO TOTALS:			PREV PD	0.00		INTEREST 0.00		LATE FILING CHARGE	0.00	NET	5510.79
						ACNT:2562.001		ICN:4526763377 0129844858			
GRP/POL NUM: 722266											
	0318	031814	131	1	80048	1119.00	1119.00	0.00	0.00	PI-45 27461.00	0.00
										PI-94 -26342.00	
	0318	031814	131	0	85025	516.00	516.00	0.00	0.00	PI-97 516.00	0.00
	0318	031814	131	0	85730	558.00	558.00	0.00	0.00	PI-97 558.00	0.00
	0318	031814	131	0	75625	21342.00	21342.00	0.00	0.00	PI-97 21342.00	0.00
	0318	031814	131	0	G0269	3926.00	3926.00	0.00	0.00	PI-97 3926.00	0.00
	0318	031814	131	1	93458	77444.73	14040.90	0.00	1404.09	PI-45 63403.83	12636.81
	0318	031814	131	1	93458	1086.27	2674.27	0.00	0.00	PI-94 -1588.00	2674.27
	0318	031814	131	0	93458	192.00	192.00	0.00	0.00	PI-97 192.00	0.00
	0318	031814	131	0	93458	586.00	586.00	0.00	0.00	PI-97 586.00	0.00
	0318	031814	131	0	93458	810.00	810.00	0.00	0.00	PI-97 810.00	0.00
PT RESP	1404.09				CLAIM TOTALS	107580.00	45764.17	0.00	1404.09	90864.83	15311.08
ADJ TO TOTALS:			PREV PD	0.00		INTEREST 0.00		LATE FILING CHARGE	0.00	NET	15311.08
						ACT:299646B		ICN:4527034553 0129808330			
GRP/POL NUM: 722266											
	0205	020514	131	1	93306	12644.97	3457.70	0.00	1728.85	PI-45 9187.27	1728.85
PT RESP	1728.85				CLAIM TOTALS	12644.97	3457.70	0.00	1728.85	9187.27	1728.85
ADJ TO TOTALS:			PREV PD	0.00		INTEREST 0.00		LATE FILING CHARGE	0.00	NET	1728.85
						ACT:289280B		ICN:4527034560 0093672427			
GRP/POL NUM: 182019											
	0110	011014	131	1	43239	8448.00	8448.00	0.00	0.00	PI-45 8448.00	0.00
	0110	011014	131	1	45380	10710.00	5683.86	2000.00	1473.54	PI-45 5026.14	2210.32
PT RESP	3473.54				CLAIM TOTALS	19158.00	14131.86	2000.00	1473.54	13474.14	2210.32
ADJ TO TOTALS:			PREV PD	0.00		INTEREST 0.00		LATE FILING CHARGE	0.00	NET	2210.32
TOTALS:		# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	RC-AMT	PROV PAID	PROV ADJ	CHECK AMT	
		6	219640.48	121674.30	4248.76	10462.54	168764.43	36164.75	36164.75	0.00	
PROVIDER ADJ DETAILS:											
					PLB REASON CODE	FCN	HIC	AMOUNT			
					FB	QK92682080		27757.12			
					FB	QK92682221		-48720.21			
					WO	20130828 273592A		28091.62			
					WO	20130909 276211A		29036.22			

GLOSSARY: Adjustment, Group, Reason, MOA, and Remark codes
PI- Payor initiated reductions. In the opinion of the payer, the adjustment is not the responsibility of the patient, but no supporting contract exists between the provider and the payer.

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NON-PAYMENT: QK92682221
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PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.										
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.										
94	Processed in Excess of charges.										